

# Helping People Choose the Right Home Using Disclosure Forms

Residential Care Services

Department of Social  
and Health Services



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Aging and Long-Term Support  
Administration

# Introduction

- Senate Bill 5630 and made changes to RCW 70.128 – Adult Family Homes
- The law now requires the completion of two forms:
  1. Disclosure of Services (10-508)
  2. Disclosure of Charges



# Introduction

- These forms are **mandatory** and must be completed by providers
- These forms are meant to be a guide for families who are searching for an adult family home



# Introduction

- The Disclosure of Services form must be completed and returned to the Department
- The Disclosure of Charges form must be provided to residents.
- This form does not replace 388-76-10530 disclosure of services that is to be given to residents when they admit to your home.



# Disclosure of Services

- The form will be displayed on the AFH locator site at:  
<https://fortress.wa.gov/dshs/adsaapps/lookup/AFHAdvLookup.aspx>
- Most of the information requested on this form can be found on your admission statement and your Medicaid policy.



# Disclosure of Services

- The completed form can be returned electronically to  
[AFHDisclosures@DSHS.WA.GOV](mailto:AFHDisclosures@DSHS.WA.GOV)
- It can also be returned by regular mail to  
ALTSA – AFH Disclosure Forms  
PO Box 45600  
Olympia, WA 98504-5600





# About the Home

## **Question 1: Provide a brief summary about what makes your home unique.**

- This is a good opportunity to discuss your values or philosophy of caregiving. Do you embrace a particular religion or culture? Do you specialize in LGBT residents? Do you have a neighborhood that is great for walking? Do you have pets or would you allow a resident to have a pet? Make this section your own.



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# About the Home

## **Question 2: Date your current home was initially licensed**

- This is for your current license. If you had another home, own multiple homes or were licensed under a different business structure there are other areas to capture this information.



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# About the Home

## **Question 3: Other address or addresses where provider has been licensed.**

- Provide the other address or addresses where you have been licensed.
- If you have never been licensed at another address write NA for Not Applicable.



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# About the Home

## **Question 4: Was your home previously licensed under a different name at the same address?**

- If your home has changed names but was at the same address list all the names it has previously been known as.



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# About the Home

## **Question 5: What kind of ownership structure do you have in your home?**

- Are you a sole proprietor, partner or limited liability corporation?
- If you have a partner or partners list them here.
- If you have another business structure list it here.



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# Personal Care

- “Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-1000)



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# Personal Care

## Question 1: Eating

- What is the highest and lowest level of eating assistance you provide?
- You may say something like you provide eating assistance from cuing and monitoring to total assistance.



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# Personal Care

## Question 2: Toileting

- What is the highest and lowest level of toileting assistance you provide?
- You may say something like you provide toileting assistance from cuing and monitoring to total assistance.



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# Personal Care

## Question 3: Walking

- What is the highest and lowest level of walking assistance you provide?
- You may say something like you provide walking assistance from cuing and monitoring to a one or two person assist.



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# Personal Care

## Question 4: Transferring

- What is the highest and lowest level of assistance with transfer you provide?
- You may say something like you provide transfer assistance from cuing and monitoring to a one or two person assist.



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# Personal Care

## Question 5: Positioning

- What is the highest and lowest level of assistance with positioning you provide?
- You may say something like you provide assistance with positioning from cuing and monitoring to a one or two person assist.



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# Personal Care

## Question 6: Personal Hygiene

- What is the highest and lowest level of assistance with personal hygiene you provide?
- You may say something like you provide assistance with personal hygiene from cuing and set up to total assistance.



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# Personal Care

## Question 7: Dressing

- What is the highest and lowest level of assistance with dressing that you provide?
- You may say something like you provide assistance with dressing from cuing and set up to total assistance.



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# Personal Care

## Question 8: Bathing

- What is the highest and lowest level of assistance with bathing that you provide?
- You may say something like you provide assistance with bathing from cuing and set up to total assistance.



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# Personal Care

## **Question 9: Additional comments regarding personal care**

- This is a good place to add information about the personal care you provide.
- Information about special equipment can be added here such as a roll-in shower, jetted tub, etc.
- You may also add information about where care happens. For instance, do each of the rooms have private bathrooms?



# Medication Services

**What levels of medication assistance do you provide?**

- What is the highest and lowest level of medication assistance you provide?
- If a resident needs a medication to be administered, do you provide this service through nurse delegation?



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# Skilled Nursing and Nurse Delegation

## **The home provides the following skilled nursing services**

- If a resident requires nursing care what is the plan around that?
- The WACs state you must either contract with a nurse to provide the care or contract with a nurse to provide delegation.



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# Specialty Care Designations

**We have the following specialty designations**

- If you have taken developmental disabilities, dementia, or mental health specialty training list it here.



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# Staffing

- Check the box that applies for who lives in the home. Check only one box. If this information changes, you can submit a new disclosure form.
- If you only contract with an RN on an as needed basis such as for delegation, write “only as needed.” The same for LPN.
- For caregiving staff be sure to list how many caregivers are on each shift.



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# Cultural or Language Access

- If you speak another language or sign put that information here.
- This is a good place to discuss any particular religion or cultural expression your home may have.
- Some ideas of things to include may be things like you provide a specialized diet for a particular religion, or you have cultural or religious events at your home.



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# Medicaid

- Make a statement about whether or not you accept Medicaid as payment for services.
- If you accept private pay only you can just check the box. You can provide explanation if you like.
- If you always accept Medicaid as payment you can just write that.
- If you will accept Medicaid under certain conditions, explain what they are. Maybe you will accept Medicaid after two years of private pay only.



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# Activities

- List the services and activities that are usually available in your home.
- You can also add additional information about activities that are offered periodically if you wish.



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# Submitting Completed Forms

- Scan and send completed forms to:  
[AFHDisclosures@dshs.wa.gov](mailto:AFHDisclosures@dshs.wa.gov)
- Mail forms to:  
ALTSA-RCS  
Attention: Pamela Reeves  
PO Box 45600  
Olympia, WA 98504-5600



# Questions?

- Christi Pederson – AFH Policy Program Manager
  - 360-725-3204
  - [pedercl@dshs.wa.gov](mailto:pedercl@dshs.wa.gov)

